SUMMER INTERNSHIP PROGRAM

at

SDM District Hospital, Bikaner

From 15/05/2025 to 29/07/2025

A REPORT BY

Bhavesh Pandey

Master of Business Administration

Hospital and Health Management

Roll no - 1927

2024-26

under the Mentorship of

Mr. S.P. Chattopadhyay

Assistant Professor

IIHMR UNIVERSITY

Office of Supt. & Principal Medical Officer
SDM Govt District Hospital,
Associated Group of Hospitals S.P.Medical College,
Near Jassusar Gate, Bikaner

S.no.- 1369

Date- 29th July 2025

Completion Certification from the Organization

To whomsoever it may concern

This is to certify that **Mr. Bhavesh Pandey** of batch **2024-26** from **IIHMR University, Jaipur (Department of MBA Hospital and Heath Management)** has worked with our organization for his summer internship from **15th May 2025** to **29th July 2025.** The overall performance shown by him during the period was excellent.

Dr. Sunil Harsh
Superintendent
SDM Govt District Hospital,
Bikaner

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बीकानेर

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IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Mr. Bhavesh Pandey** of academic year 2024-26 of Institute of Health Management Research has prepared a poster with respect to his summer internship held during 15th May- 29th July 2025.

He has carried out work as per the guidelines. His poster is approved for presentation.

Date 30/7/2025

Mr.S.P. Chattopadhyay
Assistant Professor

Bridging Workflow Gaps, Elevating Patient Care At SDM District Hospital, Bikaner

Presented by - Bhavesh Pandey
Roll No.- 1972 (HM 29)
Faculty Mentor – Mr. S.P. Chattopadhyay
Organization Mentor – Dr. Sunil Harsh

About Organization

SDM Government District Hospital was established in 1994 as a 50-bedded satellite unit of PBM Hospital. It was upgraded to a district hospital in 2007 and affiliated with Sardar Patel Medical College in 2016. Now functioning as a 100-bedded hospital, it provides essential healthcare services to people from Bikaner and near by regions.

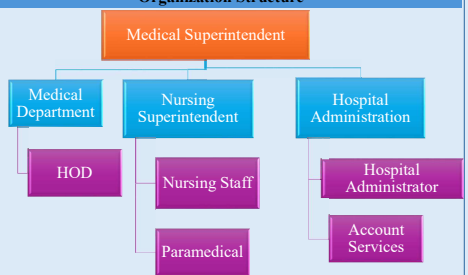
Vision

To be a leading district hospital providing accessible, reliable and quality healthcare services, with a focus on patient safety, dignity and satisfaction.

Mission

To provide efficient and patient-focused healthcare by strengthening district level services, maintaining clean and safe operations, using digital systems and ensuring supportive environment for patients and their families.

Organization Structure



Swot Analysis

Strength
- Centrally located and accessible.
- Trusted by local population for essential care.
- Provides multiple medical treatment facilities under one roof.

Weakness
- Overcrowding and insufficient waiting space.
- Outdated building and limited infrastructure.
- Inappropriate management of digital registration of patients.

Opportunities
- Complete digitalization with IHMS and token systems.
- Public-private tie-ups foe advanced diagnostics.
- Expansion of beds and infrastructure.

Threats
- Delays in staffing and maintenance approvals.
- Infection risks due to overcrowding.
- No feedback mechanism available.

About Project

This project focuses on addressing challenges related to overcrowding, long waiting times and workflow inefficiencies by assessing current processes and developing an effective patient flow management system that is Queue Management System to improve service delivery and enhance the overall patient experience.

Objectives

- To reduce OPD waiting time.
- To enhance patient satisfaction.
- To optimize use of staff and resources.
- To streamline OPD workflows.

Process Flow

Token Generation : Patient collects a token from the machine.

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Wait for Registration: Waits for token no. to be displayed on led screen.

↓

Registration: Proceeds to the counter and receives registration slip and consultation token.

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Wait for Consultation: Moves to OPD waiting area until consultation token no. is called.

↓

Consultation: Meets the doctor for evaluation and consultation.

↓

Digital Update: Doctor/DEO updates records in the system.

Challenges Faced During Internship

- In starting facing difficulties in collecting the data due to staff workload and limited availability.
- Understanding internal systems and aligning with hospital protocols required time initially.
- High OPD footfall caused issue in managing patient flow.
- Staff shortage and limited resources affected workflow and slowed improvement efforts.

Suggestions

- Clear, visible signages should be placed across the hospital to guide patients to the right departments.
- Should implement a token system to streamline patient movement, reduce crowding and timely consultations.
- Deploy additional DEOs to reduce registration delays, especially during peak hours.
- Should follow the mechanism of collecting patient feedback for better improvement and patient comfort.

Theoretical Understanding vs Practical Exposure

Theoretical Understanding	Practical Exposure
• Theoretically learned about hospital structure and patient flow concepts.	• Observed actual patient flow during OPD hours.
• Understood various healthcare approaches applied in real hospital settings.	• Interacted with staff and patients to understand real time challenges and services provided.

Major Learnings During Internship

- Understood core hospital administration workflows and coordination.
- Improved formal communication with higher authorities.
- Learned about QMS planning and IHMS application for proper patient flow.
- Learned how administrative meetings are structured and conducted.
- Developed a deeper understanding of real-time challenges in hospital operations through daily engagement and observation.

1st Week Report

Name of the Organisation: SDM Government District Hospital Bikaner

Area/ Department/ Project of Summer Internship Program: Department of Hospital Administration

Name of the Student: Bhavesh Pandey

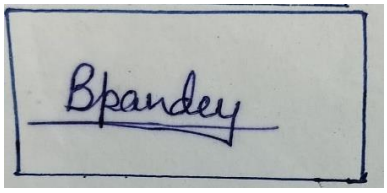
Roll no: 1927 **Stream:** MBA (HM)

Week no: 1 **From:** 15/05/2025 to 17/05/2025

Activity Done	• Initially, I went to SPMC Medical College and reported to the college principal. Then completed a round of various hospital buildings of PBM Hospital. • Then on the next day, Reported at SDM District Hospital and met the Superintendent. • Where he posted me under the Hospital Manager and informed me about intern responsibilities. • He took me for an induction hospital round and then I began data collection on OPD flow according to the work schedule allotted. • Where I drew timing data from the lab, radiology, and claims desk departments. • And analyzed bed occupancy and claimed approval trends.
Linking theory (Classroom learning) with practice at your organisation	• Excel skills were utilized to classify the operation data in an efficient way. • Assist me in improving my professional communication via coordination between the departments. • I was able to comprehend outpatient services management in real-time better. • And saw the interrelation between administrative processes and service delivery. • Understood implementation of RGHS scheme and MAA Yojana in govt. hospital.
Gaps identified on the working area.	• Poor maintenance of OPD facility. • Ramps, corridors, long queues at registration time, and thereby delays. • Poor ventilation and too high indoor temperature.

	• Incorrect directions and no patient guidance within hospital campus. No clear signage and help desks.
Suggestions for improvement	• Enforce digital queue management for rationalizing registration. • Facilitate proper hygiene and perform regular facility maintenance. • Provide proper ventilation or air conditioning units in waiting areas for patients. • Install visible indicators and utilize helpdesks to support the patients.
Plan for the next week	• I will learn the internal working of the IPD in more detail. • I will attempt to collect attendant and patient feedback concerning the experience of the service • I had planned to observe pharmacy, and billing procedures. • I am going to keep on detecting shortcomings in the process and provide suggestions that can be implemented. • I will also create formal Excel

Signature of the Student



2nd Week Report

Name of the Organisation: SDM Government District Hospital Bikaner

Area/ Department/ Project of Summer Internship Program: Department of Hospital Administration, Health Information Management System, Drug warehouse

Name of the Student: Bhavesh Pandey

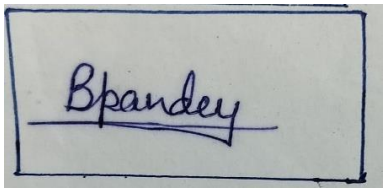
Roll no: 1927 **Stream:** MBA (HM)

Week no: 2 **From:** 19/05/2025 to 23/05/2025

Activity Done	• This week, I visited additional departments such as Surgery, Gynaecology, and ENT, and witnessed OPD working and patient flow. Coordination of staff was good, but the shortage of decent waiting area led to inconvenience. I also visited Super Speciality Block of PBM Hospital, where infrastructure was improved, but single-point registration and inefficient queue management. I read case studies at midweek, which made me better understand real hospital situations. I also did a task of gathering wait times data from the dispensary counter for 25 patients and putting them in Excel for analysis. • Also gathered the feedback of the various patients regarding the treatment and amenities they are receiving from the hospital.
Linking theory (Classroom learning) with practice at your organisation	• Gathering and analyzing the live data assisted me in applying hospital operations and quality management principles. Also, I enhanced my Excel and communication skills and provided me with an idea of how patient flow and service delivery work in real life. Also gained experience of distribution process in DDC of a hospital by computing analyzing waiting time of 25 patients in DDC.
Gaps identified on the working area.	• The SSB also has delays in registrations due to fewer no. of working counter. • The hospital also has an inbuilt queueing system within IHMS, but it has not been turned on yet in SSB. • Inadequate signage for the DDC (outpatient as well as inpatient facilities)

Suggestions for improvement	• Can include extra sitting space and covered waiting spaces. • Use multiple registration points. • Implement transparent signage for the different DDC. • Increase MRI capacity and assign competent technicians in SSB.
Plan for the next week	• The new work plan will be provided in the upcoming days, which I shall be going to follow.

Signature of the Student



3rd Week Report

Name of the Organisation: SDM Government District Hospital Bikaner

Area/ Department/ Project of Summer Internship Program: Department of Hospital Administration, Health Information Management System

Name of the Student: Bhavesh Pandey

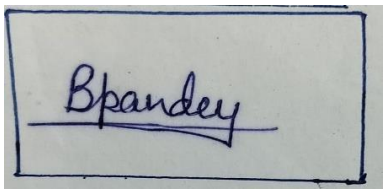
Roll no: 1927 **Stream:** MBA (HM)

Week no: 3 **From:** 26th May 2025 - 31st May 2025

Activity Done	• I began this week by updating my mentor and establishing the most important goals of the week with him. Based on the work routine, I learned about documentation processes and helped my mentor for the same, which provided me with hands-on experience in maintaining patients' files. • Visited the Ayurveda Department and was told about their medications such as Brahma Rasayan and daily patient flow. I was also told about their two-month stock ordering cycle. • Attended a hospital meeting led by the Superintendent and observed interdepartmental coordination being implemented. • Assessed IHMS system and its functionality for patient registration, diagnostics and hospital reports and noticed the operation of IHMS in OPD and points like delayed registration, data duplication, and low staff acquaintance with the system.
Linking theory (Classroom learning) with practice at your organisation	• Watching the IHMS system in practice allowed me to relate theory concerning hospital IT systems to practice. • Identifying gaps in service and proposing solutions were consistent with quality improvement principles within our readings. • Document processing suggested the need for data accuracy and confidentiality. • Taking part in the hospital meeting provided an insight into the practical implementation of administration coordination and communication strategies.

Gaps identified on the working area.	• Some of the patient records within the IHMS system are replicated because of incorrect validation. • All the staff members are not properly trained to utilize the IHMS to its optimal potential. • Manual registers continue to be utilized within the ayurveda department for stock management, and errors can be committed while tracking. • There is no formal system in place to gather routine patient feedback.
Suggestions for improvement	• Should provide routine hands-on training to staff on utilizing the IHMS system optimally. • Install additional counters for registration or adopt token system to handle crowd of OPD. • Computerize stock register of ayurveda department so that they can maintain better track and data.
Plan for the next week	• Again, go through IHMS in other departments and start drafting initial recommendations to improve the referral system. • Will do biomedical waste management on the spot training with the mentor.

Signature of the Student



4th Week Report

Name of the Organisation: SDM Government District Hospital Bikaner

Area/ Department/ Project of Summer Internship Program: Department of Hospital Administration, Operational Assessment and Process Improvement in Hospital Services

Name of the Student: Bhavesh Pandey

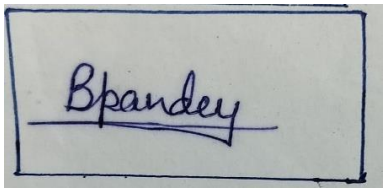
Roll no: 1927 **Stream:** MBA (HM)

Week no: 4 **From:** 2/06/2025 – 6/06/2025

Activity Done	• During this week of internship, I emphasized cleanliness and hygiene measures across the hospital. I visited important areas such as OPD waiting areas, washrooms, corridors, and main gates to check prevailing cleanliness standards. I interviewed the housekeeping staff to learn their routines, timetabling they work under, and some of the operational issues that they encounter. • The mentor introduces me to IPD registration procedure through the Integrated Health Management System (IHMS). It gave me firsthand exposure to how electronically patient information is captured, processed, and retrieved. We even talked about potential improvements like introducing online IPD registration to reduce pressure and simplify the process. During the latter half of the week, I revisited the observations that I had made and began clarifying root issues and reflecting on feasible solutions that can amplify flow and service delivery within the hospital.
Linking theory (Classroom learning) with practice at your organisation	• This week was great in that I got to utilize what I have learned so far to understand how hospitals are run. Hospital operations management principles helped me look for and assess the streamlining of processes. Public health and infection control topics from our lessons came in handy when I analyzed cleanliness standards. • Connecting working on the IHMS system to what we learned in digital health was not a problem.

	• Overall, I caught myself subconsciously relating class theories to real hospital scenarios.
Gaps identified on the working area.	• Segregation of biomedical waste is unmethodical at the source. • There is no properly labeled dustbin in crowded places. • Excessive use of manual efforts in IPD registration slows the process. • Supervision of cleanliness appears to be unmethodical in some areas of the hospital
Suggestions for improvement	• Should provide proper training for all staff members in biomedical waste management. • Additional labelled dustbins should be installed at frequent intervals. • Motivation to initiate online registration of IPD by using IHMS module. • Regular audit checklist must be implemented for verification of cleanliness.
Plan for the next week	• Plan signage and layout improvement concepts for major service areas. • Also plan to initiate the training of biomedical waste management at the earliest. • Also, on the cards to design and install the IEC on hospital campuses for improved improvement.

Signature of the Student



5th Week Report

Name of the Organisation: SDM Government District Hospital Bikaner

Area/ Department/ Project of Summer Internship Program: Department of Hospital Administration, Hospital Operations, Quality Assurance, Digital Health Systems (IHMS)

Name of the Student: Bhavesh Pandey

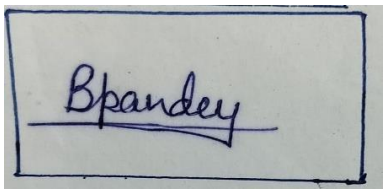
Roll no: 1927 **Stream:** MBA (HM)

Week no: 5 **From:** 09/06/2025 to 14/06/2025

Activity Done	• This week began with an observation cycle across various departments in the hospital. To my mentor, I went back to space where I had observed operational lapses specifically the registration desk and the Gynaecology OPD. • In the midweek, I had a chance to observe how the SAQSHAM portal operates, where my guide, in turn, walked me through the process of how the District Quality Assurance Unit uploads, verifies, and submits healthcare documents. I was allowed to verify and validate some of the documents, and in doing so, I learned how public hospitals are maintaining quality using electronic mechanisms. • Also, a meeting with Commissioner sir was done, so I assisted in coordinating files, setting the meeting space, and coordinating with my mentor regarding the task coordination. The Hon'ble Commissioner of Bikaner and guests visited the hospital on 12th June. I witnessed the walkthrough in totality and the subsequent discussion, which included topics such as digital health, sanitation, infrastructure, and enhancing patient services.
Linking theory (Classroom learning) with practice at your organisation	• The Quality Management Systems module directly interacted with my experiential learning on the SAQSHAM portal, finding out how documentation is verified for quality compliance. • Digital Health theory was applied to the experience that I earned with the IHMS system implementation learning about staff adaptation and resource conflicts.

	• Exposure of meetings helped me realize the effect of leadership, strategic planning, and stakeholder interaction on actual hospital management.
Gaps identified on the working area.	• Gynaecology OPD lacks a system of patient prioritization, and hence there are long waiting times for vulnerable populations like pregnant women and the elderly. • It is hard for most of the patients and attendants to find their way around the hospital since there are no clear signages. • Concerning IHMS implementation, there are gaps in employees' training, digital infrastructure, and integration of workflows.
Suggestions for improvement	• Working on how to digitalize the whole registration process for both IPD and OPD. • Also, recommendations to Design and install obvious multilingual signage throughout the hospital to assist patients to move to departments and services with ease. • Consultation to implement a token-based or triage system in the Gynaecology OPD to enhance patient flow.
Plan for the next week	• Ongoing effort to improve the registration process in IHMS, including patient and staff feedback. • For assisting in the development of a holistic proposal of the hospital sign system, i.e., layout planning and language requirements.

Signature of the Student



6th Week Report

Name of the Organisation: SDM Government District Hospital Bikaner

Area/ Department/ Project of Summer Internship Program: Implementation of Integrated Health Management System (IHMS) & Quality department

Name of the Student: Bhavesh Pandey

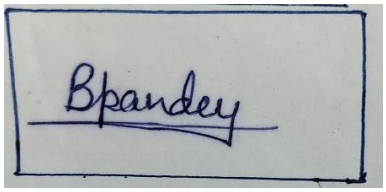
Roll no: 1927 **Stream:** MBA (HM)

Week no: 06 **From:** 16/06/2025 to 21/06/2025

Activity Done	• I began the week by going on rounds daily of various departments such as OPD, IPD, Radiology, DDC, and Lab to see how things work at the ground level. This provided me with an introduction to patient flow, the digital adoption rate right now, and the areas that need improvement. Besides that, I worked on the Integrated Health Management System (IHMS). I took time to learn how all the various module's function particularly OPD, IPD, Billing, Pharmacy, Lab, and Discharge. I learned about how the systems are applied in every department and what type of data are needed for hassle-free operation. I began searching for gaps as far as infrastructure and staff preparation are concerned. • I completed the final week of the term working on reports for sub-centres Quality Assurance from Bundi district. I cross-checked them against national standards and graded them for completeness and adherence. I went over the NQAS (National Quality Assurance Standards) checklist to see how peripheral health units are assessed.
Linking theory (Classroom learning) with practice at your organisation	• The week provided me with an opportunity to see how the lessons I learn in class are applied in actual hospital environments. Like hospital core services, I had an opportunity to observe how each department must be well designed, and the efficiency of coordination between departments enhances service delivery. During rounds in OPD, IPD, and diagnostics, I got to experience firsthand how crucial it is for each department to coordinate harmoniously with others particularly in planning digital deployment such as IHMS.

	• While I did have some generic knowledge regarding how digital health records ought to and actually were supposed to be from Digital Health courses such as ABDM and NDHM, this week provided me with a real insight into what it takes to put such systems into place in the field such as trained manpower at hand, hardware, and department readiness.
Gaps identified on the working area.	• Data Entry Operators (DEOs) are either insufficient in number or not entirely sure of handling digital interfaces. • Internet is not stable in certain locations, particularly in IPD and Radiology. • Awareness among staff regarding IHMS modules and their relevance to hospital operations is very inconsistent. • Sub-centre documentation is irregular, which makes it hard to evaluate quality correctly.
Suggestions for improvement	• Additional DEOs need to be inducted and trained at a departmental level. • Supply of hardware (printers, computers) and reliable internet connectivity need to be provided to all the significant departments. • Be responsible for bi-monthly training sessions for employees on IHMS use, department-specific requirements. • One standard reporting format across all sub-centres to maintain quality monitoring consistency.
Plan for the next week	• I intend to complete a department-wise mapping of hardware, HR, and software requirements to facilitate IHMS. • I will draft a systematic gap analysis report to be submitted to the mentor.

Signature of the Student



7th Week Report

Name of the Organisation: SDM Government District Hospital Bikaner

Area/ Department/ Project of Summer Internship Program: Administration & Quality Assessment department

Name of the Student: Bhavesh Pandey

Roll no: 1927 **Stream:** MBA (HM)

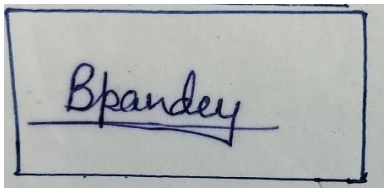
Week no: 07 **From:** 23/06/2025 to 28/06/2025

Activity Done	• I began the week by going on a round of the hospital, visiting OPD, IPD, Lab, and Pharmacy departments to see and observe that smooth patient flow and departmental functioning are taking place or otherwise than earlier. Additionally, I apprised the progress with my mentor and the Medical Superintendent. Presenting my work to the leadership was a major milestone. The MS valued the planning but further had some concrete and useful suggestions on how to make the system real and staff friendly. This forced me to revisit and reword some sections of the document so that they are better suited to actual hospital demands. • Besides, I also worked on the SAQSHAM Portal. I checked quality assessment reports of Jhalawar and Bundi district's sub-centres. I checked indicators concerning hygiene, infection control, infrastructure, and IEC material. Few were okay, but a few others were with wide gaps particularly concerning biomedical waste and basic record-keeping. I noted these observations and shared these with my mentor to improve in future. • Near the end of the week, I spent some time observing how staff members at the Registration Desk utilize the IHMS application. It was simple to observe where they get challenged the most particularly navigation and redundant data entry. I brought these to my mentor's attention and recommended a couple of easy fixes to make their experience better.

Linking theory (Classroom learning) with practice at your organisation	• When developing the very first rollout plan for IHMS, I was pulling directly from everything that we have learned when it comes to planning hospital workflow and systems design. Although a whole digital system has not yet been rolled out, balancing out future digital modules based on how departments are functioning today made me realize how crucial designing around current patient flow and staff capacity is. • While going through sub-centre quality reports, I came to know about the Health Quality Management. After NQAS, I was also able to identify actual issues such as inadequate biomedical waste disposal, absence of IEC signs, and infection control reminding me of how important it is to ensure quality standards, even on infrastructure basics.
Gaps identified on the working area.	• Different departments still have different formats for collecting data, which makes it difficult to standardize inputs for IHMS. • There are some of the staff who are not so comfortable working with the computer system. • Record-keeping in rural institutions is normally irregular, hence making quality assessment difficult and less valid. • In most sub-centres biomedical management, district assessment records are incomplete
Suggestions for improvement	• Recommend offering frequent on-site IHMS training sessions to front-line staff, particularly those who work with patient registration, laboratory & pharmacy modules. • Recommended to deploy more dedicated DEOs (Data Entry Operators) at heavy-load service points to minimize delays and inaccuracies in data entry. • Also feel to guide that for registering and examined the data in plain checklist format as per audit mechanism for sub-centres for monitoring infrastructure, hygiene, infrastructure, and delivery of services.
Plan for the next week	• Revising recommendations guiding implementation as per the medical superintendent and will complete the IHMS implementation plans, for instance, module mapping and HR/hardware requirements.

	• I will continue with SAQSHAM report analysis for other districts and make recommendations as such.

Signature of the Student



8th Week Report

Name of the Organisation: SDM Government District Hospital Bikaner

Area/ Department/ Project of Summer Internship Program: SAQUSHAL Assessment, and Queue Management System Development

Name of the Student: Bhavesh Pandey

Roll no: 1927 **Stream:** MBA (HM)

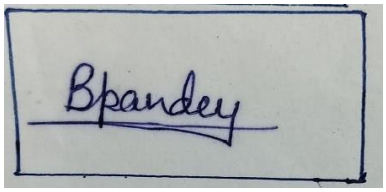
Week no: 08 **From:** 30/06/2025 to 05/07/2025

Activity Done	• This week, I performed some tasks with the help of my hospital mentor. I gave a presentation and provided my implementation report and work plan of IHMS software where modules must be uploaded; OPD, IPD, Laboratory to medical superintendent. • Then started a departmental quality assessment using the SAQUSHAL checklist. I evaluated some departments such as ENT, Eye, Gynaecology, General Medicine, Dental, Ayurveda, Unani, and Surgery. I interviewed staff, monitored service delivery processes, reviewed how documentation was being updated, and reviewed if SOPs were being used or displayed prominently. I captured observations myself and then put all of these in an Excel sheet for easy, seamless reporting. • I also attended a virtual meeting of field workers, ANMs, and ASHAs who talked about their work and gaps they encountered. This exposed me to the firsthand experience of the difficulty in last-mile delivery of healthcare and facility-level data requiring integration with field-level documentation. • During the second half of the week, I began to work on some new assignments that are building the basis for a standalone Queue Management System (QMS). This concept immediately arose out of my personal experience of long lines and poorly managed patient flow in the hospital. I began by mingling with OPD staff members and patients to learn about their daily life. I next began sketching existing workflows and sketched out how an e-QMS could be rolled out step by step without interfering with existing services. I

	began designing a preliminary model of the system, such as token generation logic, departmental flow, DEO's roles, and potential display mechanisms.
Linking theory (Classroom learning) with practice at your organisation	• Healthcare Quality and Safety principles assisted me in examining departments according to the SAQUSHAL and NQAS guidelines. • My scholarly understanding of Hospital Operations Management was instrumental in-service bottlenecks analysis and patient's flow among departments. • Classroom learning of project planning and coordination facilitated effective collaboration with hospital staff and arranging improvement projects such as QMS to the local environment.
Gaps identified on the working area.	• The absence of a well-structured queue/token system in patient-intensive departments contributed to delay and heightened patient discontent. • Certain departments lacked complete or irregular documentation and were not rigidly adhering to SOPs. • There were no visible patient rights, SOPs, and feedback mechanisms in all the clinical departments. • There was no facility of DEOs that made real-time data entry difficult, particularly in OPD, labs and Pharmacy.
Suggestions for improvement	• They should have adequate SOPs and patient information displays in all departments to ensure transparency and uniformity of services. • There should be weekly or monthly training of staff done regularly to ensure proper documentation practices and compliance with SOPs. • Suggest having a minimum of one dedicated DEO in each hectic department so that IHMS data entry is accurate. • The use of internal quality audits on a regular basis through mechanisms such as SAQUSHAL to determine gaps in service delivery and catalyze improvements. • Implement a digital or QR-code-based Queue Management System in OPD, Pharmacy, and Lab

	sections to streamline patient movement and prevent disorientation.
Plan for the next week	• Appointed a SAQUSHAL quality assessment to manage scope in sections such as IPD wards, Operation theatres and hospital departments. • To coordinate with administrative staff to analyze feasibility, cost, and infrastructural requirements for QMS implementation and increased usage of IHMS. • Prepared an integrated implementation report for the proposed Queue Management System (QMS) including workflow mapping, token logic, and technical details.

Signature of the Student



9th Week Report

Name of the Organisation: SDM Government District Hospital Bikaner

Area/ Department/ Project of Summer Internship Program: SAQUSHAL Departmental Quality Assessment, Queue Management System (QMS) Development, and Administrative Planning

Name of the Student: Bhavesh Pandey

Roll no: 1927 **Stream:** MBA (HM)

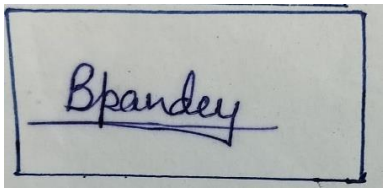
Week no: 09 **From:** 07/07/2025 to 12/07/2025

Activity Done	• Mostly throughout the week, I conducted departmental-wise evaluations based on the SAQUSHAL checklist and refining hospital Queue Management System (QMS) plan. • The most inspiring moment of the week was when I had a session with my mentor. He explained his actual experiences working in Nagaur Government Hospital during the COVID-19 situation. Hearing his challenge and the way he met resource shortages, patient surges, and stress among staff and patients portrayed a whole different picture of looking at healthcare leadership. We also discussed the importance of readiness, quick thinking, and emotional composure in the face of public health crises. • Towards the rest of the week, I carried on with the SAQUSHAL project for quality assessment. I conducted official questionnaires of seven key departments OPD, Operation Theatre, Accident & Emergency (A&E), Maternity Ward, Paediatric Ward, In-Patient Department (IPD), and Pharmacy. For every department, I applied the SAQUSHAL official checklist to determine how far the departments were delivering the expected level of quality. I did not merely tick boxes. I went the extra mile to look around, ask the staff with suitable questions, and see how it was functioning in practice. Between these audits, I owed a responsibility of helping prepare for a forthcoming high-level meeting with the Commissioner. The work was to help prepare and get

	ready departmental reports, prepare the agenda, and see that all is in good condition for the meeting. This assignment helped me learn a lot about the use of internal data by health administrators when making decisions and how all the documents contribute towards directing future hospital developments. • I proceeded with the QMS project work by reviewing the current workflow diagrams and improving the plan in line with my observation and recommendations of the mentor. I also started creating department-based flow charts, coming up with sign ideas for guiding the patients, and understanding where there is a possibility of confusion when there is no organized token system. • Towards the end of the week, I rechecked and summarized all SAQUSHAL data gathered. All checklists and comments were cross-checked to ensure that they are authenticated. The summarized Excel file containing department-wise observations, marks, and comments will be shown to the mentor for feedback.
Linking theory (Classroom learning) with practice at your organisation	• The week was a great illustration of how classroom conceptualized ideas are applied in practical healthcare settings. Theoretical ideas we were taught about hospital administration, quality assurance, and patient safety were brought to life by SAQUSHAL assessments. Concepts we were taught about workflows, SOPs, triaging, and movement of patients were no longer abstract but became contextual and experiential. • The QMS project taught me to apply what I know in terms of streamlining patient flow, and digital interventions. Even the administrative preparations for the Commissioner's meeting reinforced lessons on governance, data-informed decision-making, and stakeholder communication within public health systems.
Gaps identified on the working area.	• Protocols exist but are not consistently practiced at all shifts, particularly during time of peak patients or emergencies. • The critical reports such as sterilisation logs, hygiene audits, and equipment readiness are not always documented and seldom authenticated.

	• Proper signage and visual wayfinding aids are not available in the hospital, resulting in patient disorientation and delays. • IPD and Pharmacy departments are still using paper reports. • The report formats within the departments are not standard, which results in slowness in administrative processes such as meeting documentation or data comparison.
Suggestions for improvement	• Need to implement shift-based SOP adherence audits and brief refresher trainings for strict compliance with procedures on a regular basis. • Need to implement daily responsibility of reviewing quality related logs and checklists like sterilization, hygiene, and emergency preparedness. • Prevention of misunderstanding by posting bilingual signs and floor directories to direct patients, at registration desks, corridors, and key service departments. • Ease the use of IHMS in IPD and Pharmacy through hardware assistance and on-site staff training. • Need to develop an easy, equitable policy for priority patients with visible markers (e.g., color-coded tokens or personal counters).
Plan for the next week	• I will show my mentor the compiled SAQUSHAL assessment findings for verification by next week. Following comments, I will make necessary corrections and finalize the report for submission. • I will continue to work more on QMS implementation plan, i.e., system flowcharts, token logic, hardware and software needed, and rough estimate. I will begin more department-level discussions particularly with OPD and pharmacy staffs on how to best integrate the QMS into their work.

Signature of the Student



10th Week Report

Name of the Organisation: SDM Government District Hospital Bikaner

Area/ Department/ Project of Summer Internship Program: SAQUSHAL Departmental Quality Assessment, Queue Management System (QMS) Development, and Administrative Planning

Name of the Student: Bhavesh Pandey

Roll no: 1927 **Stream:** MBA (HM)

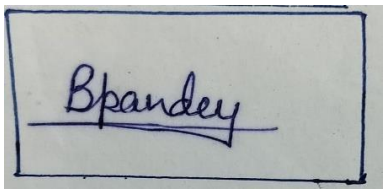
Week no: 10 **From:** 14/07/2025 to 19/07/2025

Activity Done	• I started the week by providing a project update of the QMS project. Having collected all the information, sketched out the patient flow and smoothed out the plan, I then finally present a comprehensive QMS implementation proposal to the Medical Superintendent. In the presentation, I described the whole process step by step like token number generation & receipt, proceeding towards registration counter, and finally waiting at the OPD with clear digital instruction through LED. I also stated manpower and hardware necessity would be required for smooth operation • The Superintendent went through the plan thoroughly and gave some helpful suggestions on counter coordination and how to train the patients on the new system. He supported initiating the pilot programme in Paediatric OPD, which was positive. • In addition to the QMS project, I was also required to undertake follow-up departmental quality audits with the help of the SAQUSHAL checklist. I spent a couple of days during this week in various departments such as the Laboratory, Radiology, Maternity OT, Labour Room, Postpartum Unit (PPU), Auxiliary Department, SNCU, and ICU. I observed every one of them in detail, interacted with their personnel, and confirmed their cleanliness, equipment upkeep, availability of SOPs, infection control, and documentation.

Linking theory (Classroom learning) with practice at your organisation	• The hospital quality management ideas gave me the groundwork to understand how to utilize the SAQUSHAL checklist optimally and understand how to identify the gaps in the implementation. • The QMS plan work enabled me to implement ideas from our operations and hospital planning concepts like how to reduce waiting time, improve the flow, and enable service delivery more organized. • Learning methods of organisation behaviour and commuincation assist me to think about human behaviour, communiction and patient comfort in designing the system.
Gaps identified on the working area.	• I observed some frequent problems during the departmental audits that require correction. Most of the registers in all departments were incomplete or updated irregularly. A few SOPs were either lost or not placed where the staff can easily see and act accordingly. Small things lower consistency and create hassles during auditing. • Equipment in the SNCU and ICU was normally available, but calibration records were not available or were past their validity. I also observed that proper organization and frequent checks were required for the crash trolleys. Equipments, particularly in the critical care areas, were occasionally kept in an unorganized way and had the potential to delay during emergency. • Maternity document zones such as Labour Room and PPU had to be enhanced, and there was no patient feedback mechanism through which experience of the service could be obtained from the mother. The Auxiliary Department, while working quietly in playing a critical part in daily operations, had no distinct division of daily duties and coordination, which sometimes impaired cleanliness and supporting services.
Suggestions for improvement	• SOPs need to be printed, laminated, and posted in visible locations in all departments particularly for critical processes such as segregation of wastes, infection control, and emergency response. Checking of registers by department in-charges weekly is to verify completeness and accuracy.

	• There needs to be regular checking of equipment and timely calibration in the ICU, SNCU, and OT areas • In units such as Labour Room and PPU, a basic patient feedback system would provide valuable feedback and aid in overall experience improvement. For Auxiliary Department, the availability of a duty chart and task allocation would facilitate better coordination. • As far as implementation success is concerned, I feel that it would largely be a function of staff participation and patient training. Therefore, correct orientation, demo runs, and plain IEC material shall be of utmost importance.
Plan for the next week	• Had a meeting next week with the Medical Superintendent regarding the follow-up implementation process of the Quality Managemnt System. • Also to submit the SAQUSHAL assessment records along with the recommendation to the Medical Superintendent. • Going to prepare and submit the final documentation/report of all the work completed.

Signature of the Student



Compiled Report

Name of the Organisation: SDM Government District Hospital, Bikaner

Area/ Department/ Project of Summer Internship Program: Department of Hospital Administratio, Operational and Quality Assessment

Name of the Student: Bhavesh Pandey

Roll no: 1927 **Stream:** MBA (Hospital and Health Management)

Activity Done	• Orientation and induction at SPMC Medical College and SDM Hospital, had an introduction with Medical Superintendent and mentor also, understanding the departments of the hospital. • Conducted systematic observation of the OPD registration process, identifying time lags, patient confusion, and staff workflow. • Reviewed waiting times and seating patterns in high-pressure zones, especially during peak hours and recorded variations across depatments. • Participation in a hospital administrative meeting led by the Superintendent to observe departmental coordination and leadership planning. • IHMS registration and reporting functions reviewed such as common issues noted in data duplication, staff training, and delayed enteris and enteries are done in single department for all the departments. • Cleanliness and hygiene surveys conducted across OPD waiing areas, washrooms and cooridors also interviewed housekeeping staff for understanding their scheduling and challeneges. • Observed the medicine dispensing process in the pharmacy to understand how prescriptions are verified, how medicines are handed over and the importance of communication between doctors, pharmacists and patients. • Provided inputs during internal discussion on how patients and their families could be better informed about gvernment schemes during registration, such as through posters or verbal guidance. • Had an involvement in SAQSHAM portal-based quality verification and validation oof documentation for distrcit level health units.

	• Quality evaluation of sub-centers from Bundi and Jhalawar districts using NQAS indicators for documentation and hygiene. • Prepared a workplan and presented the IHMS implemetation proposal to the Medical Superintendent for approval and for starting futher processes. • Worked on QMS (Queue Management System) by observing the patient flow and crowd at registration counter and at different OPD's of the hospital and based on that analysed solutions and desigend a proper workflow for QMS, it's functioning and prepared requirments list required foe the system like hardware and human resource requirments. • Drafting of signge plans, token flow charts, QMS token numbering logic, departmental presentations and made correctionns based on mentor feedback. • Departmental quality assessments conducted using SAQUSHAL checklist in departments including OPD-Out patient department (General Medicine, ENT, Dental, Paediatric,), SNCU (Special newborn care unit), OT (Operation theatre), Labour Room, IPD, A&E (Accident & Emergency) departments. • Based on the assessment noted down the gaps and areas where improvement need to be done and based on that I gave remarks and formed suggestions and share with the mentor for more betterment. • Prepared and documented the documents, departmental reports and agendas for commissioner's visit in hospital. • Final QMS project submitted with full complete plan, pilot site selected and approved for implemetation in Paediatric OPD. • Completion of follow-up rounds, departmental ispections, biomedical waste compliance and documentation.

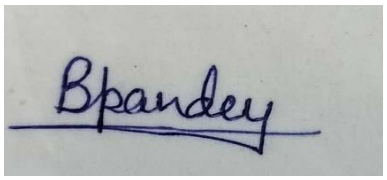
Linking theory (Classroom learning) with practice at your organisation	• Concepts from health systems managemt were reflected during the observation of administrative flow, coordination between clinical and non-clinical units and service delivery. • Data collected during patient regsitartion, and outpatient flow analysis helped to apply principles of time motion studies. • The real time challenges of underutilized IHMS modules offered practical insight into theories of change management, digital health transformation and staff capacity building. • Communication and soft skills concepts from clasroom learning became essential while engaging with frontline staff, managing field interviews. • Digital health and ABDM learnigs were practically relevant when mapping IHMS workflows, planning department wise digital readiness and propsing solutions data duplication and reporting gaps. • Queue theory and patient flow design from operations management were central to the QMS developmen proposal and signage flowchart planning. • Quality assurance principles from SAQSHAM and NQAS frameworks linked with hands-on department audits and documentation reviews. • Cleanliness audit and waste management observations correlted with public health, infecyion control, and biommedical waste managemet studies. • Departmental observation enhanced understanding of patient satisfaction, prioritization models and pratical implemetation of feedback loops. • Organizational begaviour and communication skills connected to real world experiences in staff engegement, and patient orintaton during QMS perparartion. • Concepts from Human Resource Planning helped while assessing DEO needs, staff workload imbalances and suggesting realistic training plans.

Gaps identified on the working area.	• Peak OPD times caused major overcrowding at registration counter, often with no system in place to traige or segregate rotine for critical patients. • Inadequate waiting space and lack of covered areas for patients and attendents in front of key OPDs like gynaecology and medicine. • Data entry operators were insufficient in number and unequally distributed across high-loaded arae such as OPD, IPD, pharmacy and laboratory. • Staff training on IHMS modules was found iappropriateith inconsistency in didgital operational work and dependence on manual registers in some departments. • Manual registration in IPD causing long queues and increased waiting time for patients which leads to dissatisfaction • Missing and unclar signage across departments resulting in navigation dificulties for patients abd attendents. • Biomedical waste segregation prectices inconsistent across departments, lack of color-coded bins in common areas and in all the departments. • Limited use of IHMS modules in several departments some are still dependent on manual registers and paper-based reports. • Frequent issues with internet connectivity, mainly in registration counters, OPD, radiology which is affecting the digital data entry and billing. • Irregeular documentation in critical care units (ICU, SNCU, Labour Room), incomplete SOP visibility and adherence during off-hours. • Lack of feedback collection mechanisms from patients in departments like maternity ward, emergency department. • Variation in data formats and reporting structures across sub-centers, complicating quality assessment efforts. • Absence of daily task allocation charts in auxiliary and supprt departments, cleanliness inconsistencies which are linked to unclear responsibilities. • No token based or digital queue system is used to regulate patient movement in OPD, laboratory and pharmacy leading to confusion and long waoting times.

Suggestions for improvement	• Expanding registration counters deploying staff in shifts during peak OPD and IPD hours can help in managing patient load aand minimize the waiting times of patient. • Developed covered waiting zones with sufficient seating, especially near high-footfall departments like Paediatric and medicine, can improve patient comfort and reduce crowding. • Installing well-designed, color coded and bilingual signage in all key hospital zones especially around entry gates, OPDs, laboratories, and radilolgy units can significantly improve patient navigation. • Regular monitorimg through shift-wise checklists and brief review sesssions can help im ensuring that all staff members follow standard protocols throughout the day. • Deployment of dedicated data entry operators in data-heavy departments like IPD, pharmacy, laboratory which is essential to ease satff burden and improve digital recordkeeping. • Department specific hand-on training for IHMS usaage can build confidence among staff and enhnace adoption of the hospital's digital tools. • Internet connectivity in whole the premises should be stabilized to supoort uninterrupted IHMS operations for diagnostics and patient entry. • A common format for data entry, qality audits and record maintenance can be introduced across all depaartments of sub-centres to improve consistency in monitoring and reporting. • A detailed workplan has been propoesd for shifting complete registration of OPD and IPD patients to IHMS, including recommendations on hardware needs, staff training, workflow restructuring and technical integration currently under review for feasibility and for further implementation. • Introductionn of cleaar duty allocation charts for supprt departments like Housekeeping and Auxiliary services which will improve effeciency and accountability in service delivery. • A separate proposal has also been submitted for a digital Queue Managemnt System (QMS) to streamline patient flow in outpatient department. The plan includes token flow mapping, digital display use and integration with departmental workflow under progress.

	• Additional color-coded waste bins and reminders charts for proper segregtion can be placed in corridors and public areas to reinforce infection control practices and for biomedical waste management. • SAQUSHAL tools can be adopted for use in monthly internal audits, with designated staff overseeing checklist completion and quality documentation. • More installation of IEC materials related to hygiene, postnatal care, breastfeeding, vaccination, and infection prevention across patient areas can enhance public awaremess and engagement. • Occasional awareness drives on hospital sachemes (e.g. MAA yojna, RGHS), service rights and available facilities can be hold near the entrace using help desks. • The hospital's medical records section may be gradually didgitized further to enusre faster retrieval of discharge summaries and better continuity of care, especially for readmitted patients. • Staff facing feedback mechanisms should be encouraged to allow sraff members to share their operational challenges with IHMS, cleanliness and infrastructure.

Signature of the Student



Approved by the IIHMR University's Mentor